

Rec'd by \_\_\_\_\_

**City of Rockville**  
111 Maryland Avenue - Rockville, Maryland 20850 - (240) 314-8420  
Attn: Revenue  
FAX: 240/314-8419  
**REVENUE DEPARTMENT**

## **REFUSE VACANCY REPORT**

**ACCOUNT NO.** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SERVICE ADDRESS** \_\_\_\_\_

**VACANT FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE RESIDENCE WAS VACANT FOR THE TIME PERIOD INDICATED.**

**(SIGNATURE)** \_\_\_\_\_ **OWNER/OCCUPANT**  
**(CIRCLE ONE)**

**MAILING ADDRESS IF OTHER THAN SERVICE ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**CREDIT ADJUSTMENT AND OR REFUND FOR REFUSE CHARGES WILL NOT BE MADE FOR PERIODS OF LESS THAN 30 DAYS. (as well as water usage must be 1,000 gal. Or less)**